



Immunization History



For the Parent/Guardian of:
ZAPATA RODRIGUEZ, LIAM
6454 CYPRESSDALE DR UNIT 202
RIVERVIEW, FL 33578

As of: Feb 26, 2024

Date of Birth: 11/23/2018 (5 yrs 3 mos)
Florida SHOTS Id: 7003695277

Report Provided by:

HILLSBOROUGH CHD
MAIN IMMUNIZATIONS
8605 NORTH MITCHELL AVENUE
TAMPA, FL 33604
(813)307-8000

Contraindications: N/A

Immunities: N/A

Adverse Reaction: N/A

Immunizations Received

Antigen	Dose #	Vaccine Type	Mfg Lot #	Date Given	Provider	Next Due Dates	
						Min	Rcmnd
DIPHTHERIA	1	DTP		01/23/2019			--
	2	DTP		03/23/2019			--
	3	DTP		05/23/2019			--
	4	DTP		06/05/2020		11/23/2022	11/23/2022
FLU	1	FLU UNK		05/23/2019			--
	2	FLU UNK		06/26/2019			--
	1	FLU UNK		06/05/2020		07/01/2023	07/01/2023
HEP A	1	HEP A UNK		12/30/2019			--
	2	HEP A UNK		07/09/2020			Completed
HEP B	1	HEP B UNK		11/23/2018			--
	2	HEP B UNK		01/23/2019			--
	3	HEP B UNK		03/23/2019			--
	4	HEP B UNK		05/23/2019			Completed
HIB	1	HIB UNK		01/23/2019			--
	2	HIB UNK		03/23/2019			--
	3	HIB UNK		05/23/2019			--
	4	HIB UNK		06/05/2020			Completed
MEASLES	1	MMR		12/30/2019			--
	2	MMRV	MSD X022920	02/26/2024	HILLSBOROUGH CHD		Completed
MEN	1	MCV4 UNK		08/22/2019			--
	2	MCV4 UNK		07/09/2020		07/09/2023	07/09/2023
MUMPS	1	MMR		12/30/2019			--

NOTE TO PARENTS: Children need their shots on time to keep them from getting sick early in life with harmful preventable diseases like mumps, whooping cough, measles, lockjaw, and others. Be sure to bring your children back to the clinic when shots are due.

Immunization History

For the Parent/Guardian of:
ZAPATA RODRIGUEZ, LIAM
6454 CYPRESSDALE DR UNIT 202
RIVERVIEW, FL 33578

As of: Feb 26, 2024

Date of Birth: 11/23/2018 (5 yrs 3 mos)
Florida SHOTS Id: 7003695277

Immunizations Received

Antigen	Dose #	Vaccine Type	Mfg Lot #	Date Given	Provider	Next Due Dates	
						Min	Rcmnd
MUMPS	2	MMRV	MSD X022920	02/26/2024	HILLSBOROUGH CHD		Completed
PERTUSSIS	1	DTP		01/23/2019		--	--
	2	DTP		03/23/2019		--	--
	3	DTP		05/23/2019		--	--
	4	DTP		06/05/2020		11/23/2022	11/23/2022
PNEUCON	1	PCV UNK		01/23/2019		--	--
	2	PCV UNK		03/23/2019		--	--
	3	PCV UNK		12/30/2019			Completed
POLIO	1	POLIO UNK		01/23/2019		--	--
	2	POLIO UNK		03/25/2019		--	--
	3	POLIO UNK		05/23/2019		--	--
	4	POLIO UNK		06/05/2020		11/23/2022	11/23/2022
ROTAVIRUS	1	ROTAVIRUS UNK		01/23/2019		--	--
	2	ROTAVIRUS UNK		03/23/2019			Completed
RUBELLA	1	MMR		12/30/2019		--	--
	2	MMRV	MSD X022920	02/26/2024	HILLSBOROUGH CHD		Completed
TETANUS	1	DTP		01/23/2019		--	--
	2	DTP		03/23/2019		--	--
	3	DTP		05/23/2019		--	--
	4	DTP		06/05/2020		11/23/2022	11/23/2022
VZV	1	VZV		12/30/2019		--	--
	2	MMRV	MSD X022920	02/26/2024	HILLSBOROUGH CHD		Completed
YELLOW FEVER	1	YELLOW FEVER UNK		07/09/2020			Completed

Immunizations - Not Started

COVID-19

11/23/2023 11/23/2023

NOTE TO PARENTS: Children need their shots on time to keep them from getting sick early in life with harmful preventable diseases like mumps, whooping cough, measles, lockjaw, and others. Be sure to bring your children back to the clinic when shots are due.



IMMUNIZATION CLINIC RECORD CARD



Name (L,F M,S): ZAPATA RODRIGUEZ, LIAM
Street1: 6454 CYPRESSDALE DR UNIT 202
Street2:
City,State,ZIP: RIVERVIEW, FL 33578
Phone: (941)264-7940
Race: WHITE

DOB: 11/23/2018
SSN:

Medicaid ID:
State Immunization ID: 7003695277
Clinic Loc: MAIN IMMUNIZATIONS

Contraindications: N/A

Immunities: N/A

Adverse Reaction: N/A

Client's Age Today: 5 yrs/ 3 mos

Form DH 1478 Provided []

Vaccine Type	Antigen/Dose	Date Given	Mfg/Lot	VFC	Rte/Site	Service Provider	In? VIS Date	VIS Recipient	Consent?
DTP	DIPHTHERIA 1	01/23/2019	Historic			Historic	N		
DTP	PERTUSSIS 1	01/23/2019	Historic			Historic	N		
DTP	TETANUS 1	01/23/2019	Historic			Historic	N		
DTP	DIPHTHERIA 2	03/23/2019	Historic			Historic	N		
DTP	PERTUSSIS 2	03/23/2019	Historic			Historic	N		
DTP	TETANUS 2	03/23/2019	Historic			Historic	N		
DTP	DIPHTHERIA 3	05/23/2019	Historic			Historic	N		
DTP	PERTUSSIS 3	05/23/2019	Historic			Historic	N		
DTP	TETANUS 3	05/23/2019	Historic			Historic	N		
DTP	DIPHTHERIA 4	06/05/2020	Historic			Historic	N		
DTP	PERTUSSIS 4	06/05/2020	Historic			Historic	N		
DTP	TETANUS 4	06/05/2020	Historic			Historic	N		
FLU UNK	FLU 1	05/23/2019	Historic			Historic	N		
FLU UNK	FLU 2	06/26/2019	Historic			Historic	N		
FLU UNK	FLU 1	06/05/2020	Historic			Historic	N		
HEP A UNK	HEP A 1	12/30/2019	Historic			Historic	N		
HEP A UNK	HEP A 2	07/09/2020	Historic			Historic	N		
HEP B UNK	HEP B 1	11/23/2018	Historic			Historic	N		
HEP B UNK	HEP B 2	01/23/2019	Historic			Historic	N		
HEP B UNK	HEP B 3	03/23/2019	Historic			Historic	N		
HEP B UNK	HEP B 4	05/23/2019	Historic			Historic	N		
HIB UNK	HIB 1	01/23/2019	Historic			Historic	N		
HIB UNK	HIB 2	03/23/2019	Historic			Historic	N		
HIB UNK	HIB 3	05/23/2019	Historic			Historic	N		
HIB UNK	HIB 4	06/05/2020	Historic			Historic	N		
MCV4 UNK	MEN 1	08/22/2019	Historic			Historic	N		
MCV4 UNK	MEN 2	07/09/2020	Historic			Historic	N		
MMRV	MEASLES 2	02/26/2024	MSD X022920	NoIns	SC/LA	WISHART,SANDRA	Y	08/06/2021 F:JAVIER ZAPATA DIAZ	Y

DH687

Revised: 06/22

Date Printed: 02/26/2024

Page 1 of 2



IMMUNIZATION CLINIC RECORD CARD



Name (L,F,M,S): ZAPATA RODRIGUEZ, LIAM	Medicaid ID:
Street1: 6454 CYPRESSDALE DR UNIT 202	State Immunization ID: 7003695277
Street2:	Clinic Loc: MAIN IMMUNIZATIONS
City,State,Zip: RIVERVIEW, FL 33578	
Phone: (941)264-7940	DOB: 11/23/2018
Race: WHITE	SSN:

Vaccine Type	Antigen/Dose	Date Given	Mfg/Lot	VFC	Ref/Site	Service Provider	In?	VIS Date	VIS Recipient	Consent?
MMRV	MUMPS 2	02/26/2024	MSD X022920	NoIns	SCLA	WISHART,SANDRA	Y	08/06/2021	F:JAVIER ZAPATA DIAZ	Y
MMRV	RUBELLA 2	02/26/2024	MSD X022920	NoIns	SCLA	WISHART,SANDRA	Y	08/06/2021	F:JAVIER ZAPATA DIAZ	Y
MMRV	VZV 2	02/26/2024	MSD X022920	NoIns	SCLA	WISHART,SANDRA	Y	08/06/2021	F:JAVIER ZAPATA DIAZ	Y
MMR	MEASLES 1	12/30/2019	Historic			Historic	N			
MMR	MUMPS 1	12/30/2019	Historic			Historic	N			
MMR	RUBELLA 1	12/30/2019	Historic			Historic	N			
PCV UNK	PNEUCON 1	01/23/2019	Historic			Historic	N			
PCV UNK	PNEUCON 2	03/23/2019	Historic			Historic	N			
PCV UNK	PNEUCON 3	12/30/2019	Historic			Historic	N			
POLIO UNK	POLIO 1	01/23/2019	Historic			Historic	N			
POLIO UNK	POLIO 2	03/25/2019	Historic			Historic	N			
POLIO UNK	POLIO 3	05/23/2019	Historic			Historic	N			
POLIO UNK	POLIO 4	06/05/2020	Historic			Historic	N			
ROTAVIRUS UNK	ROTAVIRUS 1	01/23/2019	Historic			Historic	N			
ROTAVIRUS UNK	ROTAVIRUS 2	03/23/2019	Historic			Historic	N			
VZV	VZV 1	12/30/2019	Historic			Historic	N			
YELLOW FEVER UNK	YELLOW FEVER 1	07/09/2020	Historic			Historic	N			



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

ZAPATA RODRIGUEZ	LIAM	11/23/2018
Last Name	First Name	MI DOB
ZAPATA DIAZ, JAVIER		7003695277
Parent or Guardian (Last, First)	Child's SS# (optional)	State Immunization ID#

Directions:

- For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	01/23/2019	03/23/2019	05/23/2019	06/05/2020	03/01/2024
DT	B					
Tdap	P					
Td	Q					
Polio	D	01/23/2019	03/25/2019	05/23/2019	06/05/2020	03/01/2024
HIB	E	01/23/2019	03/23/2019	05/23/2019	06/05/2020	
MMR (Combined)	F	12/30/2019	02/26/2024			
(Separate)	G,H					
		Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I					
		Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	11/23/2018	01/23/2019	05/23/2019		
Varicella	K	12/30/2019	02/26/2024			
Varicella Disease	L					
		Year				
PneumoConju	N	01/23/2019	03/23/2019	12/30/2019	Complete	

Certificate of Immunization for K-12

PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:

PEDIATRIC ASSOC OF TAMPA BAY

11260 SULLIVAN STREET

RIVERVIEW, FL 33578

(813)689-7571

Physician or

Authorized Signature: TERRY KOBER

Electronic Certification: WLB9TG7KSP4

Date: 03/01/2024

Issued By: JESSICA MARTIS